FILING DATE SERIAL NO. **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER AFTER AS FILED 1st AMENDMENT 2nd AMENDMENT DEP. IND. DEP. IND. DEP. IND. DEP. IND. OEP. IND. IND. DEP. TOTAL IND. TOTAL IND. TOTAL DEP. TOTAL CLAIMS TOTAL DEP. TOTAL

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